



City of Carmel/Clay Township

COMMERCIAL/INSTITUTIONAL/MULTI-FAMILY IMPROVEMENT LOCATION PERMIT APPLICATION (For New Structures, Additions, Remodels, Tenant Finishes, & Accessory Buildings)

FORMS AVAILABLE IN OFFICE

Permit #: _____

BUILDER OF RECORD:	NAME:		PHONE:		FAX:		
	STREET ADDRESS:		CITY:		STATE: ZIP:		
BUILDER'S EMAIL ADDRESS:		BEST METHOD OF CONTACT:					
PROPERTY OWNER:	NAME:		PHONE:		FAX:		
	STREET ADDRESS:		CITY:		STATE: ZIP:		
LOCATION & PROJECT INFO:	ADDRESS OF CONSTRUCTION:				SUITE #: (If Applicable)		
	Address of Shell Building: (If different than Address of Construction)			Lot # and Subdivision: (If Applicable)			
BUILDING, PROJECT, OR TENANT NAME:			ZONING:		TAX MAP PARCEL #:		
STATE COMMERCIAL DESIGN RELEASE #:		SCOPE(S) OF RELEASE: <input type="checkbox"/> FDN <input type="checkbox"/> STR <input type="checkbox"/> ARCH <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> ELEC <input type="checkbox"/> SPKLR OTHER(S): _____				SQUARE FOOTAGE:	
WATER UTILITY PROVIDER:		SEWER UTILITY PROVIDER:		ESTIMATED COST OF CONSTRUCTION: (EXCLUDING LAND VALUE)			
PLAN COMMISSION / BZA / BPW DOCKET NUMBERS; AND/OR COUNTY WELL AND/OR SEPTIC PERMIT #'S (If Applicable):							
# of Floors:		Elevator or Lift: <input type="checkbox"/> YES <input type="checkbox"/> NO		BLDG. CONSTRUCTION TYPE:		OCCUPANCY CLASSIFICATION:	

COPY

COPY

TYPE OF CONSTRUCTION:		TYPE OF IMPROVEMENT:		PROJECT INFORMATION:	
<input type="checkbox"/> COMMERCIAL (Privately owned hospitals and medical offices/centers are commercial) <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> Municipal/Public Bldg <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> MULTI-FAMILY Number of units: _____		<input type="checkbox"/> NEW STRUCTURE <input type="checkbox"/> ADDITION <input type="checkbox"/> Room(s) <input type="checkbox"/> Porch <input type="checkbox"/> Mezzanine or Deck <input type="checkbox"/> REMODEL <input type="checkbox"/> NEW TENANT FINISH <input type="checkbox"/> ACCESSORY BUILDING <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> CELL TOWER (New) <input type="checkbox"/> CELL TOWER CO-LOCATE <input type="checkbox"/> DEMOLITION		Early Release Permit: ____Y____N Lot Split: ____Y____N Manufactured Trusses: ____Y____N Sump Pump: ____Y____N FLOOD ZONE AREA DESIGNATION(S) FOR THIS PROPERTY: _____ PLUMBING CONTRACTOR: _____ Plumber's Indiana State License #: _____	
FOUNDATION TYPE: (Check all which apply for the new construction area) <input type="checkbox"/> SLAB <input type="checkbox"/> CRAWL SPACE <input type="checkbox"/> POST & ____BEAM ____PIER <input type="checkbox"/> BASEMENT (WALKOUT: ____Y____N)					

Class I structure permits are subject to the General Administrative Rules of the State of Indiana (See 675 IAC 12) regarding expiration time frames for beginning and completing construction.

I, the undersigned, agree that any construction, reconstruction, enlargement, relocation, or alteration of a structure, or any change in the use of land or structures requested by this application will comply with, and conform to, all applicable laws of the State of Indiana, and the "Zoning Ordinance of Carmel Indiana - 1993" (Z-289) and amendments, adopted under authority of I.C. 36-7 et seq. General Assembly of the State of Indiana, and all Acts amendatory thereto. I further certify that only kitchen, bath, and floor drains are connected to the sanitary sewer. I further certify that the construction will not be used or occupied until a *Certificate of Occupancy or Substantial Completion* has been issued by the Department of Community Services, Carmel, Indiana.

Signature of Owner or Authorized Agent	Print	Date
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OFFICE USE ONLY: *****

INSPECTIONS REQUIRED:

<input type="checkbox"/> Upper Footing	<input type="checkbox"/> Lower Footing	Filing Fees: _____	# Charged Re-Reviews
<input type="checkbox"/> Under-Slab	<input type="checkbox"/> Rough-In	Base Inspections: _____	
<input type="checkbox"/> Meter Base	<input type="checkbox"/> Final Building	Cert. of Occupancy: _____	
<input type="checkbox"/> Final Forestry	<input type="checkbox"/> Final Fire Dept.	TOTAL : _____	Additional Fees

*NOTE: Above ceiling/grid inspection requirements will be indicated on your permit placard.